

University of Wisconsin - Milwaukee

2033 E. Hartford Ave., Room 230

Milwaukee, WI 53211

414-229-5404

Agreement: ACH Authorization for CTX Transactions

This **Agreement** governs ACH transactions initiated by **University of Wisconsin - Milwaukee** to credit the **Company** indicated below. Both parties agree to be bound by NACHA Operating Rules as they pertain to all ACH transactions initiated by **University of Wisconsin - Milwaukee** that credit the **Company** bank account(s) listed below, and acknowledge that the origination of ACH transactions to the listed account(s) must comply with provisions of U.S. law.

This **Agreement** provides authorization for individual or recurring CTX transactions to be initiated by **University of Wisconsin - Milwaukee** when individually authorized using the methods designated below. This **Agreement** will remain in effect until **Company** cancels it in writing. Both parties agree that this **Agreement** in conjunction with any of the designated methods constitutes authorization to credit **Company's** business bank account(s), and **Company** agrees not to dispute any credits with its bank provided the transaction(s) correspond to the terms indicated in this **Agreement**.

Please complete the information below:

Company Name _____ **(Company)**

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Bank Account #1

Company Name on Acct: _____

Bank Name: _____

Branch Name: _____

Account Number: _____

Bank Routing #: _____

Bank City/State: _____

The above Business Bank Account(s) are Enabled for ACH Transactions Yes No

I Authorize **University of Wisconsin - Milwaukee to initiate ACH Credits to the bank account indicated above, provided each transaction is initiated according to the terms of this Agreement.**

SIGNATURE _____

DATE _____

NAME _____

TITLE _____

I certify that I am an authorized representative of the Company indicated above and that I have the authority to enter into this Agreement on the Company's behalf. Company understands that this authorization will remain in effect until it is canceled in writing, and agrees to notify **University of Wisconsin - Milwaukee** in writing at least 15 days in advance of any changes in my account information or termination of this authorization. Company understands that because these are electronic transactions, these funds may be withdrawn from its account as soon as the date an individual transaction is authorized, and that it will have limited time to report and dispute errors. Company has certified that the above business bank accounts are enabled for ACH transactions, and agrees to reimburse **University of Wisconsin - Milwaukee** for all penalties and fees incurred as a result of Company's bank(s) rejecting ACH debits or credits as a result of the account(s) not being properly configured for ACH transactions. Company acknowledges that the origination of ACH transactions to its account(s) must comply with the provisions of U.S. law.

Please fax completed form to 414-906-8433 or scan/email to: joheidt@uwm.edu